

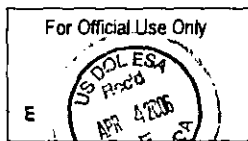
AMENDED

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2629a</u>	2. Fiscal Year Covered From <u>01/01/05</u> Through: <u>12/31/05</u>
3. Name and address of person filing. Name <u>CHARLES J. JURGOVITS</u> P.O. Box, Bldg., Room No., if any Street <u>11704 BOBBS FORD RD</u> City <u>FAIRFAX</u> State <u>VA</u> ZIP Code + 4 <u>22030</u>	4. Name, file number, and address of labor organization. Name <u>AFSCME</u> Labor Organization File Number <u>000-289</u> P.O. Box, Building and Room Number, if any Street <u>1625 L STREET, NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>DIRECTOR, FINANCIAL SERVICES</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>HARVARD UNIVERSITY</u> Trade Name, if any: <u>LABOR & WORKLIFE PROGRAM</u> P.O. Box, Bldg., Room No., if any Street <u>125 MT. AUBURN ST</u> City <u>CAMBRIDGE</u> State <u>MA</u> ZIP Code + 4 <u>02138</u>	7.a. Nature of Interest, Transaction, or Income. <u>AFSCME REPRESENTS HARVARD EMPLOYEES.</u> <u>LODGING & MEALS UNION</u> <u>LEADERS INSTITUTE EVENT</u> 7.b. Amount <u>\$ 98472</u>

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Charles J. Jurgovits On 3-27-06 202-429-1007
Date Telephone Number

Name of Person Filing <u>CHARLES J. TURNER</u>	File Number U- <u>2629</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW YORK UNION OF MUSICIANS CONSULTING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1106 63 STREET

City NEW YORK

State NY ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AFSCME EMPLOYERS ASSOCIATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1625 L STREET NW

City WASHINGTON DC

State DC ZIP Code + 4 20036

11.a. Nature of such dealing.

BUSINESS CONSULTING TO THE UNION AND HOUSING FUND

11.b. Approximate dollar value of such dealing. \$ 200,000

12.a. Nature of interest held or income received.

2/10/05 LUNCH
3/29/05 LUNCH
8/1/05 LUNCH & GOLF

12.b. Amount.

\$ 455

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <i>DAVID L. J. JORDAN</i>	File Number U- <i>2628</i>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>AMERICAN BANK</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>15 UNION SQUARE</i></p> <p>City <i>NEW YORK</i></p> <p>State <i>NY</i> ZIP Code + 4 <i>10003</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>DEBITORY OF UNION FUNDS</i></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <p><i>SEVENTEEN \$150 MILLION</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><i>1-105 MIA TICKETS *</i></p> <p><i>5/20/05 > MIA TICKETS *</i></p> <p><i>6/15/05 > MIA TICKETS *</i></p> <p><i>4/21/05 > BAILIAGE TICKETS *</i></p> <p><i>6/14/05 > BAILIAGE TICKETS *</i></p> <p><i>< * GIVEN TO EMPLOYEES ></i></p> <hr/> <p>12.b. Amount.</p> <p><i>\$ 1640</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p><i>[Diagonal line through box]</i></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>